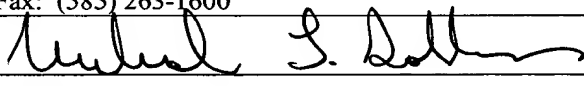
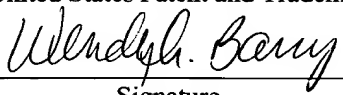




| | | | |
|---|---|------------------------|-----------------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 09/937,739 |
| | | Filing Date | March 30, 2000 |
| | | First Named Inventor | Amagai et al. |
| | | Group Art Unit | 1632 |
| | | Examiner Name | Q. Janice Li |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number | 201487/1070 (KUV-101PCT-US) |

| ENCLOSURES (check all that apply) | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number. | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | Michael L. Goldman Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1304 Fax: (585) 263-1600 |
| Signature |  Registration No. 30,727 |
| Date | March 30, 2004 |

| CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] | |
|--|--|
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| April 5, 2004 Date |  Signature Wendy L. Barry Typed or printed name |

| FEE TRANSMITTAL FOR FY 2004 | | | Complete if Known | |
|--|--|--|----------------------|-----------------------------|
| Patent fees are subject to annual revision. | | | Application Number | 09/937,739 |
| Patent claims small entity status. See 37 CFR 1.27 | | | Filing Date | March 30, 2000 |
| TOTAL AMOUNT OF PAYMENT (\$1,170) | | | First Named Inventor | Amagai et al. |
| | | | Examiner Name | Q. Janice Li |
| | | | Art Unit | 1632 |
| | | | Attorney Docket No. | 201487/1070 (KUV-101PCT-US) |

| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | |
|--|---|--|--------------|
| <input checked="" type="checkbox"/> Check | <input type="checkbox"/> Credit Card | 3. ADDITIONAL FEES | |
| <input type="checkbox"/> Deposit Account: | | Large Entity | Small Entity |
| Deposit Account Number | 14-1138 | Fee Code | Fee Code |
| Deposit Account Name | Nixon Peabody LLP | Fee (\$) | Fee (\$) |
| The Commissioner is authorized to: (check all that apply) | | Fee Description | |
| <input type="checkbox"/> Charge fee(s) indicated below | <input checked="" type="checkbox"/> Credit any overpayments | 1051 | 130 |
| <input checked="" type="checkbox"/> Charge any additional fee(s) | | 1052 | 50 |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | 1053 | 130 |
| FEE CALCULATION | | 1812 | 2,520 |
| 1. BASIC FILING FEE | | 1804 | 920* |
| Large Entity Fee Code | Small Entity Fee Code | 1805 | 1,840* |
| Fee (\$) | Fee (\$) | 1251 | 110 |
| Fee Description | Fee Paid | 1252 | 420 |
| 1001 770 | 2001 385 | 1253 | 950 |
| 1002 340 | 2002 170 | 1254 | 1,480 |
| 1003 530 | 2003 265 | 1255 | 2,010 |
| 1004 770 | 2004 385 | 1401 | 330 |
| 1005 160 | 2005 80 | 1402 | 330 |
| SUBTOTAL (1) (\$ 0) | | 1403 | 290 |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | 1451 | 1,510 |
| Total Claims | Extra Claims | 1452 | 110 |
| Independent Claims | Fee from below | 1453 | 1,330 |
| Multiple Dependent | Fee Paid | 1501 | 1,330 |
| Large Entity Fee Code | Small Entity Fee Code | 1502 | 480 |
| Fee (\$) | Fee (\$) | 1503 | 640 |
| Fee Description | Fee Paid | 1460 | 130 |
| 1202 18 | 2202 9 | 1807 | 50 |
| 1201 86 | 2201 43 | 1806 | 180 |
| 1203 290 | 2203 145 | 8021 | 40 |
| 1204 86 | 2204 43 | 1809 | 770 |
| 1205 18 | 2205 9 | 1810 | 770 |
| SUBTOTAL (2) (\$ 0) | | 1801 | 770 |
| **or number previously paid, if greater; For Reissues, see above | | 1802 | 900 |
| | | Other fee (specify) | |
| | | *Reduced by Basic Filing Fee Paid | |
| | | SUBTOTAL (3) (\$1,170) | |
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| | | April 5, 2004 | |
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| | | Signature | |
| | | Typed or printed name | |
| | | Wendy L. Barry | |
| | | Wendy L. Barry | |
| | | March 30, 2004 | |
| | | Date | |

| SUBMITTED BY | | Complete (if applicable) | |
|-------------------|--------------------|--------------------------|----------------|
| Name (Print/Type) | Michael L. Goldman | Registration No. | 30,727 |
| Signature | Michael L. Goldman | Telephone | (585) 263-1304 |
| | | Date | March 30, 2004 |

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